Department, City of Baltimore. Office of Registrar of Vital Statistics. The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within theaty-four hours after the death of said deceased, or sooner, if requested so to do, under penson superintending the burning with the control of the requested so to do, under pensity of law.

No Permit for Burial can be Obtained without a Profer Certificate. Date of Death,_ Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names } Sex, Male or Female, { Cross out the word not } required in this line. } Age, Months, Color, Days. Married, Single, Widow or Widower, {Cross out the words not required in this line. Occupation,.. Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, {Give Street and Number.} First (Primary) Cause of Death, Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician Place of Burial, Bal Date of Burial, Afra (Undertaker, Fred Place of Business 10 PS. Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as and date of death.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as and date of death.

cial Accention of Physicians is respectivily invited to the Remarks below, and to list of Diseases on back of this Certificate. ealth Department, City of Baltimore. Office of Registrar of Vilal Statistics. The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAI CAN BE DETAINED WITHOUT A Date of Death,_ Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. Cross out the word not required in this line. Sex, Male or Temate Days. Months Age,... Color, Married, Single, Widow or Widower, {Cross out the words not required in this lane. Occupation,... Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimo Place of Death, Give Street and Number. First (Primary), Second (Immediate), Duration of Last Sickness, Place of Burial Mount Date of Burial, 10/ Undertaker, J. Place of Business 1993 W. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.
Bealth Bepartment, City of Baltimore.
Permit No. 98944 Office of Registre DIPY Statistics. Ward !!
The Physician who attended any person in a last illness, is respectible for the first station of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-on to the death of said deceased, or sooner, if requested so to do under penalty of law.
requested so to do, under penalty of law. No Permit for Burial Call Observed without Proper Certificate.
CERTIFICATE DE BEATH.
Date of Death, Munch 24, 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Intant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, 24 Years, Months, Days
color, This _
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Sewing Sil
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 21 years
Place of Death, {Give Street and } 215 Madeson !!
First (Primary), Eucente
Cause of Death, { Second (Immediate), Puerperue Convenience
Duration of Last Sickness, 24 hours
All the above information should be furnished by the Physician.
Place of Burial, III Cannel
Date of Burial, Childe M. D.
Undertaker, Medical Attendant.
Place of Business, 420 Madlson Address, Much Stube of
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

H DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/25/2022.

Place of Business,#

The Special Attention of Physicians is Resp	ectfully Invited to the Re	marks below, and to	List of Diseases on back of	this Certificate.
Health D	epartment,	City of	Baltimore.	,,"
Permit No. 98943 Office	e of Registre	of Vital St	atistics. Ward	
The Physician who attended any pers to the Undertaker or other person superint	on in a last ill ex, seending the parial within. BURIAL CAN BE OBTAIN	odsila de sen	tation of this Certificate, ac r the death of said decease	curately filled out, ad, or sooner, if
CERTI		VOIE VO	EATH.	0
Date of Death, Mich	. 31 /88	7.		
Full Name of Deceased, { Write legeorrectly not name of paren	gibly and spell. If an Infant ed, give names set.	un Rece	d.	
Sex, Male or Female, Cross out the required in the	word not }			
Age, 6 7 Ye	ears,	Month	8,	Days.
color, ewht				/
Married, Strale, Widow or Wit	dower, { Cross out the word	ls not }	1/	
Occupation.			V	•••••
Birth Place, {State or country, and how long in the United States, if of foreign birth.	very	nde.		
Duration of Residence in the	City of Baltimore,		as	
Place of Death, {Give Street and }	746 M	- Eula	en ·	
Grace of Dooth First (Primary),	Brighto ate), Paraly	sis of	he drays	<u> </u>
Duration of Last Sickness,	6 weeks	6		
Place of Burial, Dalla	Cemelery	- 0	1	
Date of Burial, Amil	29/88/	& Lane	Janyh	u M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

1. Culau Address,

Medical Attendant.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Bealth Department, City of Baltimore.					
Permit No. 78 740 Office of Registrar of Vital Statistics. Ward /					
The Physician who attended any person in a last ill the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the lands and menty wenty of the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial CAN BE OBJECT WITHOUT A PR CERTIFICATE.					
CERTIFICATOLATH.					
Date of Death, Which 37 1887					
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.					
Sex, Male or Female, {Cross out the word not }					
Age, 16, Years, Months, 20 Days.					
Color, While					
Married, Single, Widow or Willower, (Cross out the words not)					
Occupation,					
Birth Place, {State or country, and how long in the United States, if of foreign birth.					
Duration of Residence in the City of Baltimore,					
Place of Death, {Give Street and } 441 Oslend Li.					
Cause of Death, { First (Primary), Endocarditis Second (Immediate), Pneumonia					
Duration of Last Sickness, / O Aley .					
Place of Burial, Hooly Envis					
Date of Burial, Ophil 3 rd/19					
(Undertaker, 6/1-19 rouse Hon) Medical Attendant.					
Place of Business, 703 Honoved Address, 152 Sharp . IV,					
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.					

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Bealth Department, City of Baltimore.
Permit No. 78747 Office of Register War Statistics. Ward 12
The Physician who attended any person in a last illness is responsible or the person of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within the burial so to do, under penalty of law. No Permit for Burial can be Out the without a Proper lastificate.
CERTIFICATE DEATH.
Date of Death, Meh 31/87
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, Months, Days
Color, While
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation,
Occupation, Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 1001 Genna are
Cause of Death, { First (Primary), Manufern Second (Immediate),
Duration of Last Sickness, / Months
Place of Burial, Louden Park
Date of Burial, April 1.
(Undertaker, Walter Immel Medical Attendant.
Place of Business, 594 W. Biddle Address, 639 Franklin
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

ane Special Attention of Physica	ths is kespeculary invited to the	nemains voidn, and to	HIST OF DISCHOLS OIL DESCR AL	THIS CHEEN AND THE
	Department			. // _
	Office of Registr		atistics. Ward	165
The Physician who attended to the Undertaker or other perso requested so to do, under penalty No Per	any person in a last illness, is removed in superintending the burial, and of law. RMIT FOR BURIAL CAN BE OBTA	A management of the	tion of this Certificate, according to the death of said deceased	d, or soomer, if
CEI	RTIFICATI	VINO DE	EATH.	10
Date of Death,		31		
Full Name of Deceased	Write legibly and spell correctly. If an Infant not named, give names	Harry (Immler)	
Sex, Male or Female, {cr	oss out the word not quired in this line.	L		
Age,	- Years,	Months,	,,	2 Days
Color,	*		-	
Married, Single, Widow	or Widower, {Cross out the required in t	words not }	,/	
Occupation,			1/	
Birth Place, State or country, long in the Unit if of foreign birt	and how ed States,	allo		
Duration of Residence	in the City of Baltimore	e,	7	
Place of Death, {Give Stree Number	t and }	615 01	aca str	
Cause of Death, $\left\{ egin{array}{ll} ext{First (I)} \\ ext{Second} \end{array} \right.$	Primary), /nen (Immediate),	eature si	inamihin	
Duration of Last Sicker	d be furnished by the Physician.		•	
Place of Burial, Lo	uden Park	Em. ()		
Date of Burial, Ch.		Millina	with '	M. D.
	46 Columbia		Medical Attendar	ares
Extract from Regulations of	f the Board of Health to secu	are a full and correct	record of the Vital Stat	istics in the

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Bealth Department, City of Baltimore.
Permit No. 98949 Office of Resident of Statistics. Ward 14
The Physician who attended any person in a last illness, is response, for the continuous attended any person in a last illness, is response, for the continuous attended any person in a last illness, is response, for the continuous attended any person in a last illness, is response, for the continuous attended any person in a last illness, is response, for the continuous attended any person in a last illness, is response, for the continuous attended any person in a last illness, is response, for the continuous attended any person in a last illness, is response, for the continuous attended any person in a last illness, is response, for the continuous attended any person in a last illness, is response, for the continuous attended any person in a last illness, is response, for the continuous attended any person in a last illness, is response, for the continuous attended any person in a last illness, is response, for the continuous attended any person in a last illness, is response, for the continuous attended any person in a last illness, is response, for the continuous attended any person in a last illness, is response, for the continuous attended any person in a last illness, is response, for the continuous attended at
No Permit for Burial can without Proper Certificate.
CERTIFICATE OF BEATH.
Date of Death, Franch of St St - 87
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Mate of Penate, required in this line.
Age, 76 Years, Months, — Days.
Color, White
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Fird dealer
Birth Place, {State or country, and how long in the United States, for foreign birth.
Duration of Residence in the City of Baltimore, not of life
Place of Death, {Give Street and } 27 3. Melton Ollace
Cause of Death, Second (Immediate), Exhaution
Duration of Last Sickness, 5 - 6 months
Place of Burial, Treen horn Ensley
Date of Burial, phril 2 ma/888 7
Undertaker, Derny & Mitchell The Medical Attendant. M. D.
Place of Business, \$50 W. Fayette & Address 1001 & Survend Sana
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to list of Diseases on back of this tertificate.

	Board of	Health,	City of	Baltim	ore,	
out, to the Undertaker	o attended any person or other person super	n in a last illness, is	responsible for the	presentation of	this Certificate, acca	rately filled, or sooner,
frequested so to .lo. u	No PERMIT FOR B	SURIAL CAN BE ON	-	OPER CERTI	FICATE.	2
	CERT	IFICATI	EOH	EATH		2
Date of Death,			Larch	3	1887	
Full Name of De	eceased, correctly.		Vine. 5	hend,	Hala	
Sex, Male or Fem	aale, { Cross out the wo	ine.	Make	/		
Age, 2	5 Yea	rs,		onths,	1	Days,
Color,			Who	to		
Married, Single,	Widow or Wido	wer, {Cross out the w	rora not }	gle +		
			- Black	uns	\- -	
$Birthplace, egin{cases} ext{State on} \ ext{long in t} \ ext{if of fore} \end{cases}$	country, and now) the United States, eign birth.		Ball	imare	V	
Duration of Resi	dence in the Cit	y of Baltimore,	. Light	mo		
$Place\ of\ Death, \{ ^{c}$	Give street and }		1520	8. A	ladismo	SC
	First, (Primary,)		acuto	Phthe	see	
Cause of Death,	> Second, (Immediate	2,)	asther	reca .		
Duration of Last	Sickness,		10 ,00	reeks		
Place of Burial,	Ballimor	Comete	14	2.		
Date of Burial, a	Spril 3	@ \	Ais	Ren	nolds	M. D.,
(Undertaker, -	Ecostchil	ling,	()		Iedical Attendant.	1 1
Piace of Busi	ness, Ashlar	id Synar	Address, 7	22 G	isqueth	W.C.
Enterest for	ow Populations	of the Board of	Health to secu	re a full and	correct record o	of

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board	of Health,	City of	Baltimo	re,
Permit No. 9895/	Office of Registr			Ward /6-7
The Physician who attended at	ny person in a last illness, i	and black the	presentation of this	Certificate, accurately filled
out, to the Undertaker or other persent requested so to do, under penalty	on superintending the by a	an eleenty form	tter the death	of said deceased, or sooner,
No Perm	IT FOR BURIAL CAN BE OBT	AINAPOTHOUT A	POPER OF TIFICATE	01
C.	DATE OF A	V. O.	NEA 211	α
CE	ERTIFICAT	OWNER	MONA H.	
Date of Death,	march	3/	7887	
77 Y (D 1	Write legibly and spell	Mus (Fresan	Juy"
Full Name of Deceased,	correctly. If an Infant not named, give names of parents.	. –	Susan.	Drug
Sex, Male or Female, Seque	ss out the word not }	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10
Age, 39	Years,		Months,	Days.
Color, C	olond	••••	- 1)	
Married, Single, Widow			· · · · · · · · · · · · · · · · · · ·	
Occupation,	House	wife	. 0	4 0
Birthplace, State or country, and long in the United St if of foreign birth.	how ates,	work,	account	ce Co. Fa
Duration of Residence in	the City of Baltimo		, 13 %	97
Place of Death, Give street number.	and }	Proch	adey	3- 1
Grand Acath First, (Prin	mary,)	Crac	ien of	y (Rask
Cause of death, Second, (In		Ech cu		
Duration of Last Sickness, All the above information should	5	9 mos	₹ :	
Place of Burial, Mary	st Queter	·)		
Date of Burial, Offir	14 1887		Thay	Sirul M. D.
J Undertaker, Kent	My Chase		lu 1	Medical Attendant.
Place of Business, 64	1. S. Howard	Address,	Them or	very from rush
Entuget from Regu	dations of the Board	of Health to seco	ure a full and co	rrect record of

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]